MINUTES
Second Meeting of the
Dental Auxiliaries' Technical Review Committee

October 20, 2014
9:00 a.m.
Lower Level Conference Room 'A'
The Nebraska State Office Building, Lincoln, NE

Members Present	Members Absent	Staff Present
Wayne Stuberg, Ph.D., P.T. (Chair)	Edmund Bruening	Matt Gelvin
Linda Black, R.T.		Ron Briel
Allison Dering-Anderson, PharmD, R.P.		Marla Scheer
Ryan McCreery, Ph.D.		
Michael Millea, M.A.		
Stephen Peters, B.A., M.A.		

I. Call to Order, Roll Call, Approval of the Agenda, and Approval of the Method of Notification

Dr. Wayne Stuberg called the meeting to order at 9:00 a.m. The roll was called; a quorum was present. Dr. Stuberg welcomed all attendees. The agenda and Open Meetings Law were posted. The committee members approved the agenda unanimously by roll call vote. The committee members approved the minutes of the first meeting with corrections unanimously by roll call vote.

II. Discussion on the Issues

Age restrictions for dental assistants

Dr. Dering-Anderson asked dental hygiene representatives why they have proposed an age restriction of nineteen years for those who would practice as licensed dental assistants. Deb Schardt, RDH, responded that her group wants to ensure that those who are employed as dental assistants are mature enough to provide services in a professional manner. Dr. Dering-Anderson commented that if an age restriction is needed seventeen might be considered as an alternative since it would be less restrictive as regards the employment needs of recent high school graduates, for example. Dr. Stuberg asked program staff to provide information to the committee members pertinent to any statutory provisions regarding age restrictions for licensed health care providers, including any provisions pertinent to age restrictions that might be found in the Uniform Credentialing Act (UCA), for example. Program staff informed the committee members that the UCA defines nineteen years of age as the minimum age for persons to engage in the practice of a licensed profession.

Monitoring nitrous oxide by dental assistants; what level of supervision would be best?

Dr. Stuberg commented that there is a discrepancy between the two proposals regarding oversight of the monitoring nitrous oxide administration by dental assistants in that the NDHA proposal would require direct supervision, whereas the NDA/NDAA proposal would require indirect supervision. Mr. Peters asked for clarification regarding the difference between these two levels of supervision. Scott Morrison, DDS, responded that typically direct supervision refers to the supervisor being 'on-site' and 'in-the-room', whereas indirect supervision refers to the supervisor being 'on-site', but not necessarily 'in-the-room', per se. Dr. Morrison clarified that the current Nebraska dental statute does not include a supervisory category called 'direct supervision'. Dr. Morrison also clarified that under indirect supervision the supervising dentist checks the quality of the work done by the supervisee to ensure that quality work has been done. Dr. McCreery asked whether this 'final check' really adds anything to the process given that it occurs after the procedures in question are already completed.

Dr. Stuberg asked dental representatives to comment on the pervasiveness of nitrous oxide monitoring by dental assistants. Jessica Meeske, DDS, responded that nitrous oxide monitoring by dental assistants is very pervasive in the dental community. Dr. Meeske went on to say that those dental assistants who are involved in monitoring nitrous oxide administration only monitor the level of alertness of the patient, not the operation of the technology associated with this procedure. Dr. Meeske commented that only the dentist can determine dosages or operate the technology that delivers the nitrous oxide to the patient. Dr. Meeske informed the committee members that all dental assistants take a seminar that instructs them in performing these tasks, and added that available technology used in nitrous oxide administration can be set to effectively prevent assistive personnel from altering the dosage of nitrous oxide established by the supervising dentist. She commented that the application of this technology renders the administration of nitrous oxide virtually harmless, and added that given this, there is no need for additional training for dental assistants pertinent to their role in this procedure such as is being proposed in the NDHA proposal.

Education and training requirements for dental auxiliaries

Dr. Dering-Anderson asked applicant representatives to describe the education and training being proposed for dental auxiliaries, in particular, the skills that would be taught pertinent to nitrous oxide administration and monitoring, for example. Crystal Stuhr, with NDAA, responded that the proposed education and training would focus on teaching about determining proper dosages of nitrous oxide for each patient as well as proper procedures and protocols for administering and monitoring of this anesthetic. Ms. Stuhr went on to say that dental auxiliaries also receive training about the equipment associated with nitrous oxide administration. Ms. Stuhr commented to clarify that the NDA/NDAA proposal is not proposing additional training in this regard, rather, it is the NDHA proposal

that is proposing additional training.

Provisions for the Licensed Dental Assistant category

Dr. Stuberg made reference to the apparent discrepancy between the two proposals regarding the number of clinical hours required for licensure as a licensed dental assistant (LDA), noting that the NDHA proposal would require 3500 hours, while the NDA/NDAA proposal would require only 1500 hours. Dr. Stuberg asked representatives of the two applicant groups to clarify these differences. The ensuing discussion clarified that both applicant groups agree that there is a need for 3500 total clinical hours, but that the NDA/NDAA group wants 1500 of these hours to be current hours and that they be consistent with 'DANB' standards.

Ms. Schardt commented that her group is concerned that the Dental Board has played too great a role in defining the details of education and training for dental auxiliaries, and that there is a need for more statutory provisions and/or rule and regulations detailing this education and training. Dr. Meeske disagreed with this comment. She stated that there is already too much micromanaging by lawmakers pertinent to these kinds of issues, and that there is a need to give the Board more flexibility in making judgments about the details of this education and training. Ms. Black asked Dr. Meeske to clarify her comments on this matter. Dr. Meeske responded that micromanaging dental auxiliary education and training by lawmakers interferes with the efficient delivery of services to the public. The Board can be trusted to define this education and training in a manner consistent with both public protection and good access to care, under general guidelines from lawmakers and the Department.

Sealant procedures; who should / should not do them?

Dr. Stuberg asked representatives of the applicant groups to comment on the dental sealant issue pertinent to education and training of dental assistants, and pertinent to risks versus benefits of these procedures for the public. Crystal Stuhr, with NDAA, commented that dental assistants are taught sealant procedures at a pre-clinical level on manikins rather than real patients. Dr. Meeske responded that, typically, the application of dental sealants is not a dangerous procedure, adding that the risk-to-benefit ratio is very much on the side of benefit. Dr. Meeske went on to say that sealant procedures are reversible and can be redone or modified. Dr. Meeske clarified that her group does not believe that there is a need for additional education and training for dental assistants pertinent to this aspect of dental care, and this is why the NDA/NDAA proposal does not include provisions pertinent it.

Deb Schardt, with NDHA, commented that her group is concerned about maintaining the quality of these services and that harm to the public can result from low quality work in administering sealants. She added that significant pain can occur as a result of bad work in applying sealants, and that there needs to be assurance that any dental assistants who perform these procedures are as well trained to do them as are dental hygienists.

Extraction of teeth; who should / should not do this?

Dr. Stuberg commented that NDHA wants this to become a component of their scope of practice, but the NDA/NDAA proposal does not include this component of dental practice. Dr. Stuberg asked the representatives of each applicant group to clarify their stance on this issue. Ms. Schardt commented that dental hygienists receive the same training in this component of dental care as do dental students, and that there is no reason why dental hygienists should not be allowed to provide this service. Ms. Schardt went on to state that dental hygienists are able to perform such procedures under general supervision. Dr. Morrison responded to these comments by questioning whether dental hygienists can manage complications or emergencies that might occur as a result of tooth extraction. Dr. Morrison went on to state that dental hygienists are not trained to perform a tooth irreversibility diagnosis. Dr. Morrison went on to state that dental hygienists are not trained to perform or evaluate a patient's medical history. Ms. Schardt responded that she has provided this service under general supervision in Kansas, with positive results. Ms. Schardt added that there is no reason why Nebraska dental hygienists should not be allowed to provide this service. The committee members were informed that Kansas is the only state that allows dental hygienists to extract teeth.

Dental local anesthesia; who should be allowed to do what?

Dr. Stuberg asked Ms. Schardt whether dental hygienists are currently allowed to administer a local anesthetic. Ms. Schardt responded that this is already a component of dental hygiene practice in Nebraska, but went on to state that, currently, this can occur only under indirect supervision. Ms. Schardt then stated that her group wants to be able to provide these services under general supervision, rather than indirect supervision. Dr. Dering-Anderson asked Ms. Schardt how and under what circumstances a dental hygienist would apply a reversal agent. Ms. Schardt responded that, like the local anesthetic per se, a reversal agent is injected. Dr. Dering-Anderson then asked who decides when a reversal agent is indicated? Ms. Schardt responded that under the current scope of practice the supervising dentist decides that.

Ms. Black asked Ms. Schardt how dosages of anesthetic are determined. Ms. Schardt responded that body weight is a major factor in determining dosage of anesthetic. She added that dental hygienists are qualified to make these determinations. She added that dental hygienists are also able to calculate dosages for any reversal agents that might be necessary. Dr. Morrison responded to Ms. Schardt's comments by stating that reversal agents don't work very well, and that most dentists don't use reversal agents. Dr. Morrison then asked Ms. Schardt what a dental hygienist would do if there was an emergent situation. At this juncture Mr. Peters asked Dr. Morrison to provide some scenarios regarding what kinds of things can go wrong. This dentist stated that 1) an inappropriate dosage can be injected, 2) the injection can be made in the wrong place and hit a vein, 3) the needle can break off in the patient, and 4) the patient can panic if they sense that something is being done incorrectly or inappropriately. These are reasons why anesthesia procedures need to continue under the indirect supervision of a dentist.

Dr. Dering-Anderson asked whether the dental hygienist can manage allergic reactions of dental patients to an anesthetic. A dentist responded that here too there is potential for harm to the public from the NDHA proposal.

Fitting and cementing crowns and taking final impressions; who should do these things and under what level of supervision?

The discussion centered around the meaning of direct supervision and indirect supervision in the context of these procedures and their implications for quality of services. There was agreement among the parties that accuracy is critical in performing these procedures. A representative of NDA / NDAA commented that these are relatively low risk procedures. A representative of NDHA commented that most states require direct supervision of dental assistants that perform these procedures.

III. Public Comment

There were no public comments at this time.

IV. Other Business and Adjournment

There being no further business, the meeting was adjourned by acclamation at 11:50 a.m.